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Fee-For-Service Pharmacy Provider Notice #147 – April Pharmacy Updates

May 18, 2012

Dear Kentucky Medicaid Provider:

Please be advised that the Department for Medicaid Services has made the following changes to the **Kentucky Medicaid Fee-For-Service Pharmacy Program**.

On **April 5, 2012**, Kentucky Medicaid placed brand **Orbivan[®] CF** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 copay. The following products are currently preferred:

- codeine
- codeine/APAP (MD)
- codeine/APAP/caff/butal
- codeine/ASA (MD)
- codeine/ASA/caff/butal
- hydrocodone/APAP (MD)
- hydrocodone/ASA (MD)
- hydrocodone/ibuprofen
- hydromorphone
- meperidine
- morphine IR
- nalbuphine
- oxycodone
- oxycodone/APAP (MD)
- oxycodone/ASA (MD)

On **April 11, 2012**, Kentucky Medicaid began to require prior authorization for **Qnasl[™]** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- fluticasone propionate (QL)
- Nasonex[®] (QL)

- Veramyst[®] (QL)

On **April 11, 2012**, Kentucky Medicaid began to require prior authorization for **Omontys[®]** pending review for permanent PDL placement by the Kentucky Medicaid Pharmacy and Therapeutics Advisory Committee. The following products are currently preferred:

- Aranesp[®] (CC)
- Epogen[®] (CC)
- Procrit[®] (CC)

On **April 11, 2012**, Kentucky Medicaid placed generic **quetiapine** as a **preferred** product on the Preferred Drug List (PDL) with a Tier 1 copay. Brand name **Seroquel[®]** became a **non-preferred** product with a Tier 1 copay. The following products are currently preferred:

- Abilify[®] (CC) (QL)
- clozapine (CC) (QL)
- Fanapt[™] (CC) (QL)
- FazaClo ODT[®] (CC) (QL)
- Geodon[®] (CC) (QL)
- olanzapine ODT (CC) (QL)
- quetiapine (CC) (QL)
- risperidone (CC) (QL)
- Saphris[®] (CC) (QL)
- Seroquel XR[®] (CC) (QL)
- Zyprexa[®] tablets (CC) (QL)

On **April 18, 2012**, Kentucky Medicaid **no longer prefers** the following National Drug Codes (NDCs) **for diabetic supply products**. Current copays (3% - Maximum \$15.00) and quantity limits (QL) are still in effect for the remaining products. Please review the diabetic supply preferred product list at <https://kentucky.magellanmedicaid.com/DiabeticSupply/Notices.asp>. The following NDCs are no longer preferred:

- 53885042101

On **April 18, 2012**, Kentucky Medicaid **began preferring** the following National Drug Codes (NDCs) **for diabetic supply products**. Current copays (3% - Maximum \$15.00) and quantity limits (QL) are still in effect for the remaining products. Please review the diabetic supply preferred product list at <https://kentucky.magellanmedicaid.com/DiabeticSupply/Notices.asp>. The following NDCs are now preferred:

- 65702048310
- 65702049210
- 99073071231

On **April 19, 2012**, Kentucky Medicaid placed generic **modafinil** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 copay. The following products are currently preferred:

- dexamethylphenidate IR (CC) (QL)
- dextroamphetamine IR/ER (CC) (QL)
- methylphenidate IR/SA/SR (CC) (QL)
- mixed amphetamine salts IR (CC) (QL)
- Adderall XR[®] (CC) (QL)
- Concerta[®] (CC) (QL)
- Dextrostat[®] (CC) (QL)
- Focalin XR[®] (CC) (QL)
- Intuniv[™] (CC) (QL)
- Metadate CD/ER (CC) (QL)
- Methylin[®] (CC) (QL)
- Methylin Chewable[®] (CC) (QL)
- Methylin ER[®] (CC) (QL)
- Strattera[®] (CC) (QL)
- Vyvanse[™] (CC) (QL)

On **April 19, 2012**, Kentucky Medicaid placed generic **irbesartan** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 copay. The following products are currently preferred:

- Diovan[®] (ST)
- losartan

On **April 19, 2012**, Kentucky Medicaid placed generic **irbesartan/HCTZ** as a **non-preferred** product on the Preferred Drug List (PDL) with a Tier 3 copay. The following products are currently preferred:

- Diovan HCT[®] (ST)
- losartan/HCTZ

Thank you for helping Kentucky Medicaid members to maintain access to prescription coverage by selecting drugs on the preferred drug list whenever possible.

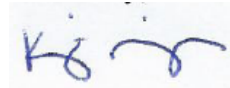
Kentucky Medicaid Fee-For-Service Pharmacy Program's Contact Information

Clinical Support Center	(800) 477-3071 Sunday – Saturday 24 hours a day	Please contact the Clinical Support Center to request a prior authorization (PA) or to check the status of a request. NOTE: The only drugs that are now required to be submitted via fax are Brand Medically Necessary, Suboxone/Subutex, Synagis, and Zyvox.
Pharmacy Support Center	(800) 432-7005 Sunday – Saturday 24 hours a day	Please contact the Pharmacy Support Center when claims assistance is required. Timely filing, lock-in, and early refill (ER) overrides can be obtained through this call center.
Provider Services	(877) 838 – 5085	Please contact Provider Services if you have questions about enrollment or when updating your license or bank

	Monday – Friday 8:00 am – 4:30 pm	information.
Member Services	(800) 635 – 2570	Please contact Member Services if you are a member or if you as the provider have questions regarding the member’s benefits or eligibility coverage dates.

* Please note: All dates are subject to change.

Sincerely,



Kasie Purvis

Provider Relations Manager